Mental Health Associate Program

Midpoint Evaluation

<table>
<thead>
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<th>Student Information</th>
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<tbody>
<tr>
<td>Name: ____________________________</td>
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<tr>
<td>Placement Name: ____________________________</td>
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<td>Placement Address: ____________________________</td>
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<tr>
<td>Immediate Supervisor: ____________________________ Phone: ____________________________</td>
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Student and supervisor are to complete their assigned questions and *a meeting should follow to discuss each other’s answers*. Both student and supervisor must sign the report and submit it to the College.

**Student Questions**

1. What do you do at this facility? Indicate which tasks are your primary tasks versus your secondary tasks.
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2a. When do you meet with your supervisor (i.e. weekly, biweekly, monthly)?
   ____________________________________________

2b. Do you discuss concerns with your supervisor? ____________________________________________

2c. Do you receive feedback from your supervisor on your progress or other issues concerning your placement? ____________________________________________

3. Do you participate in staff meetings, training or educational events? If so, name some of the activities that you have participated in. If not, do you plan to attend future activities?
   ____________________________________________
   ____________________________________________
   ____________________________________________
4. Do you have questions or concerns about your placement thus far? If so, what are they?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Supervisor Questions**

1. Is the intern completing all his/her assigned responsibilities? If not, please explain.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. Do you meet with the intern regularly and discuss progress and other relevant issues?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. How well does the intern work with his/her colleagues?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. Please comment on the intern’s attendance, punctuality and professional appearance.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

__________________________________             ___________________
Student Signature                      Date

__________________________________   ____________________
Supervisor Signature                  Date